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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	DEP5305
	First Named Inventor	Revie, et al.
	<i>COMPLETE IF KNOWN</i>	
	Application Number	
	Filing Date	September 6, 2006
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORTHOPAEDIC OPERATING SYSTEMS, METHODS, IMPLANTS AND INSTRUMENTS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **03/10/2005** as United States Application Number or PCT International Application Number **PCT/GB2005/000933** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
04251371.3 60/575,389 PCT/GB2005/000933	EP US GB	03/10/2004 06/01/2004 03/10/2005	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
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AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Brian S. Tomko at telephone number (732) 524-1239.

Direct all correspondence to: Customer Number
☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Ian		Family Name or Surname REVIE	
Inventor's Signature		Date	
Residence: City N. Yorkshire	State	Country GB	Citizenship GB
Mailing Address Tutt House, New Row, Boroughbridge			
City N. Yorkshire	State	ZIP YO51 9AX	Country GB
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Alan		Family Name or Surname ASHBY	
Inventor's Signature		Date	
Residence: City York	State	Country GB	Citizenship GB
Mailing Address 19 Clifton Green			
City York	State	ZIP YO30 6LN	Country GB
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Thorsten		Family Name or Surname BURGER	
Inventor's Signature		Date	
Residence: City Munchen	State	Country GB	Citizenship GB
Mailing Address Speyererstr. 8			
City Munchen	State	ZIP 80804	Country GB

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Stefan		Family Name or Surname VILSMEIER	
Inventor's Signature		Date	
Residence: City Kufstein	State	Country AT	Citizenship DE
Mailing Address Oberer Stadtplatz 6			
City Kufstein	State	ZIP 6330	Country AT
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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Assaf		Family Name or Surname GOVARI	
Inventor's Signature		Date	
Residence: City Haifa	State	Country IL	Citizenship IL
Mailing Address Vitso 1			
City Haifa	State	ZIP	Country IL
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Dudi		Family Name or Surname REZNIK	
Inventor's Signature		Date	
Residence: City Shimshit	State	Country IL	Citizenship IL
Mailing Address Peleg 33 st			
City Shimshit	State	ZIP POB 17906	Country IL

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NAME OF SEVENTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Pesach		Family Name or Surname SUSEL	
Inventor's Signature		Date	
Residence: City Haifa	State	Country IL	Citizenship IL
Mailing Address 43 Varida St			
City Haifa	State	ZIP	Country IL
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF EIGHTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Avi		Family Name or Surname SHALGI	
Inventor's Signature		Date	
Residence: City Tel-Aviv	State	Country IL	Citizenship IL
Mailing Address 32 Shlomo Ben-Yosef St			
City Tel-Aviv	State	ZIP 69125	Country IL